

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Fred R. Braverman, Esq. #013841980
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Attorney for Debtor(s)
Daxeshkumar M. Patel &
Sonalben D. Patel

In Re:

Daxeshkumar M. Patel &
Sonalben D. Patel

Case No.: 25-10457-JNP

Chapter: 13

Adv. No.: _____

Hearing Date: _____

Judge: poslusny

CERTIFICATION OF SERVICE

1. I, Fred R. Braverman, Esq. :

☒ represent Debtors in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On April 13, 2025, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Notice of Chapter 13 Bankruptcy; Notice of Confirmation Hearing; Copy of Modified Plan;
Copy of Order Amending Schedule F.

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 04/13/2025

/s/Fred R. Braverman, Esq.
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Andrew B. Finberg Office of Chapter 13 Trustee 535 Route 38 Suite 580 Cherry Hill, NJ 08002	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Daxeshkumar M. Patel & Sonalben D. Patel 10 Colts Gait Road Marlton, NJ 08053-5710	Debtors	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Refocus Eye Health of NJ, PC 87 Grandview Ave. Suite 11 Waterbury, CT 06708-2514	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Refocus Eye Health of NJ, PC P.O. Box 412958 Boston, MA 02241-2958	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
TAP Dentistry, LLC 1910 Route 70 East Suite 4 Cherry Hill, NJ 08003-2123		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)